



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2744

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER 10/708,745 | FILING DATE 03/23/2004 RULE | CLASS 604 | GROUP ART UNIT 3763 | ATTORNEY DOCKET NO. 1193.02 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

Michael E. Nerney, Largo, FL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/20/2004

| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL | INDEPENDENT |
|---------------------------------|----------------------------------------------------------------------------------------------------------|---------------------|--------------|--------------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | FL | DRAWING 7 | CLAIMS 24 | CLAIMS 3 |
| Verified and Acknowledged | <u>Michael J. Higgin</u> <u>TJS</u> Examiner's Signature Initials | | | | |

ADDRESS

21901
 SMITH HOPEN, PA
 180 PINE AVENUE NORTH
 OLDSMAR , FL
 34677

TITLE

Forward-Mounted Plunger Control for Retrofit Attachment to an Existing Syringe

| | | |
|-----------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
| RECEIVED 421 | | |